

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

02754

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. - 6 mos. - 14 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 1 yr. - 6 mos. - 14 days

3. (a) FULL NAME

Euphemia Buchan

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife Unknown

7. Birth date of deceased (mo., day, yr.) October 12, 1879

8. AGE: Years Months Days If less than one day
67 4 23 hrs. min.9. Birthplace Ironton, Ohio
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Private Home

12. Name David Lemond

13. Birthplace Scotland

14. Maiden name Euphemia Duncan

15. Birthplace Scotland

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof Mar. 10 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Denton

Location Denton Maryland

18. Funeral director Virgil Maughan & Son

Address Denton Maryland

19. Date rec'd by registrar 3/10/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 7 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21, 1945 to March 7, 1947

and that I last saw her alive on March 6, 1947

Immediate cause of death Hypertensive

Cardio-vascular disease

DURATION

Due to:

Due to:

Other conditions Manic Depressive Psychosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Maryland Date signed 3/7/47

RECEIVED

MAR 13 1947

BUREAU V 3

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

02755

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester

County

Cambridge

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

258 Race Street

How long in hospital or institution?

3. (a) FULL NAME

Robert Cardwell

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white not known

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age years

1882

8. AGE: Years Months Days If less than one day
65 hrs. min.

9. Birthplace (Town, county, and state) not known

10. Usual occupation Carpenter

11. Industry or business Construction general

12. Name not known

13. Birthplace II

14. Maiden name II

15. Birthplace

16. Informant Mrs. Mattie Merrick

Cambridge, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 3/26/47
(month) (day) (year)Cemetery or crematory Dorchester Memorial Park
Location Cambridge, Md.

18. Funeral director Le Compte Funeral Service

Address Cambridge, Md.

19. 3/25/47 19 47

(Date rec'd by registrar)

John Macay, M.D. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town East New Market, RFD
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

?

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 19 47 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 19 47 19 10 Mar 19 47

and that I last saw h. m. alive on Mar 22 19 47

Immediate cause of death

Congestive heart failure

Due to Asthma, chronic
heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

RECEIVED

MAR 27 1947

BUREAU OF INVESTIGATION

1-35

PLEASE WRITE BLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10-2

02756

CERTIFICATE OF DEATH

Reg. Dist. No. 1161

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 months

Hospital, institution, or street address where death occurred:

314 High St.

How long in hospital or institution? X

3. (a) FULL NAME

Lycurtis Cephas

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

colored

single

X

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Dec. 21, 1946

8. AGE:

Years

Months

Days

If less than one day

X

2

11

.hrs.

min.

9. Birthplace..... Cambridge, Md.

(Town, county, and state)

10. Usual occupation.....

none

11. Industry or business

X

12. Father

Name..... Harry Jackson

13. Birthplace

Maryland

14. Mother

Name..... Dorothy Cephas

15. Birthplace

Maryland

16. Informant..... Dorothy Cephas

Address..... 314 High St. Cambridge, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... Mar. 3 '47

(month) (day) (year)

Cemetery or crematory.....

O'Faugh

Location.....

Lanbridge Md.

18. Funeral director.....

H. M. Shaffer & Son

Address.....

Cambridge, Md.

19. (Data rec'd by registrar)

3/3/47

19.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 314 High St.

(If rural, give LOCATION)

2.(a) If veteran, name war..... X

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 2 1947, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19....., to X 19.....

and that I last saw h..... alive on X 19.....

Immediate cause of death.....

Bronchitis (Acute)

DURATION

1 wk.

Due to..... X

Due to..... X

Other conditions..... X

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

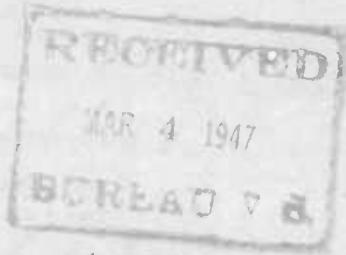
Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Cambridge, Md.

Date signed..... Mar. 2/47



1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02757

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County

Dorchester

City or town

Cambridge M.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Annie Upshur

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female colored

married

6. (b) Name of husband or wife

Pernal Upshur

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

75

years

June 29, 1922

8. AGE:

Years Months Days It less than one day

24

8

17

hrs.

min.

9. Birthplace

Dorchester County Maryland

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

George Thompson

12. Name

Dorchester Co. M.D.

13. Birthplace

Margot Rose

14. Maiden name

Church Creek M.D.

15. Birthplace

Margot Rose

16. Informant

3/5 Myer Street

Address

Date thereof

3-18-47

(Burial, cremation, or removal? Which?)

Cemetery or crematory

Location

18. Funeral director

Rev. J. H. Bayne

Address

Date rec'd by registrar

19. (Date signed)

1947

John M. M. M. S. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Cambridge

Dorchester

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1215 Myer St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 14

1947, at 8:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 5, 1947, to March 14, 1947

and that I last saw her alive on March 14, 1947

Immediate cause of death

Pulmonary T.B.

Due to Septic sore throat

DURATION

12 mo.

3 weeks

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

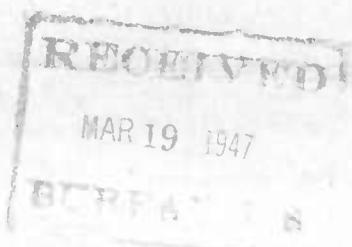
Means of injury Injured at work?

23. SIGNATURE

Conley M. O'Leary M.D.

M. D. or other

Address Pine & Cedar Sts. Date signed 3-17-47



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-A)

02758

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County... *Dorchester*City or town... *Cambridge*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *19 months*Hospital, institution, or street address where death occurred: *29 Douglas St*How long in hospital or institution? *2 1/2 days*

3. (a) FULL NAME

XANIE CHARLES

4. Sex

5. Color or race

Female

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Malzie Lee Charles

7. Birth date of deceased (mo., day, yr.)

Feb. 28-1907

6. (c) If alive, give age 46 years

8. AGE: Years

Months

Days

If less than one day

hre. min.

9. Birthplace... *Dorchester, South Carolina*

(Town, county, and state)

Laborer

10. Usual occupation.

None

11. Industry or business

MOTHER FATHER

12. Name... *Jem*13. Name... *Jane*

13. Birthplace

14. Name... *Dorchester County, Dorchester*

14. Maiden name

15. Name... *Lainie A. R. A.*

15. Birthplace

16. Name... *do not know*

16. Informant

17. Name... *Malzie Lee Charles*

Address

18. Name... *29 Douglas St*17. Name... *Malzie Lee Charles*19. Name... *29 Douglas St*

Date thereof

(month) (day) (year)

20. Cemetery or crematory

21. Cemetery or crematory

Location

22. Cemetery or crematory

23. Name of funeral director

24. Name of funeral director

Address

25. Name of funeral director

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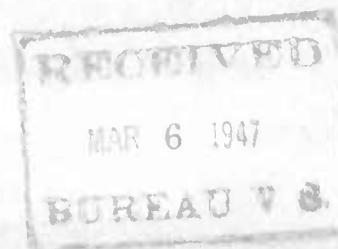
284. Name of funeral director

285. Name of funeral director

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287. Name of funeral director

2



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (310)

02759

116

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

High Street

How long in hospital or institution?

3. (a) FULL NAME

Millian R Chase

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored MarriedMinuel Chase

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 9 - 18806. (c) If alive, give age 60 years8. AGE: Years 66 Months 11 Days 24 If less than one day

hrs. min.

9. Birthplace Cambridge

(Town, county, and state)

10. Usual occupation Labour11. Industry or business Melcherest12. Name Rabell Chase13. Birthplace Cambridge14. Maiden name Sarah Hollies15. Birthplace Cambridge16. Informant Minuel ChaseAddress Cambridge17. Burial, cremation, or removal (which?) Burial Date thereof 31/4/47

(month) (day) (year)

Cemetery or crematory ChestertownLocation Cambridge 2nd18. Funeral director Leigh H BaynesAddress Cambridge 2nd19. Date rec'd by registrar 9/13/47

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge (If outside city or town limits, write RURAL and give nearest town)Street No. High Street (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11, 1947 to March 11, 1947and that I last saw h. alive on March 11, 1947Immediate cause of death UremiaArteritis sclerotic nephritis

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

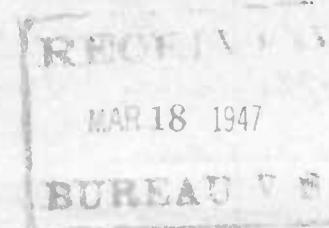
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Lawrence Maranor

M. D. or other

Address 136 Race St. Date signed March 13/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *13-2*

02760

CERTIFICATE OF DEATH

160

Reg. Dist. No.

1. PLACE OF DEATH:

County DorchesterCity or town Toddville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Henry Cheesman

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widowed

6. (b) Name of husband or wife Angeline Todd Cheesman7. Birth date of deceased (mo., day, yr.) 9/1/1870 6. (c) If alive, give age years

8. AGE: Years	Months	Days	It less than one day
76	6	4	hrs. min.

9. Birthplace Easton, Talbot, Md.
(Town, county, and state)10. Usual occupation Waterman11. Industry or business Seafood.12. Name C. Henry Cheesman13. Birthplace Md.14. Maiden name Nor known

15. Birthplace

16. Informant Mrs. Carrie ScottAddress Toddville, Md.

17. burial

(Burial, cremation, or removal. Which?)

Date thereof 3/7/47
(month) (day) (year)Cemetery or crematory Zion ChurchyardLocation Toddville, Md.18. Funeral director Le Compte Funeral ServiceAddress Cambridge, Md.19. 3/7 1947
(Date rec'd by registrar)John Macay Jr.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Toddville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war. _____

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1947 5:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1947 to March 5 1947.and that I last saw him alive on March 5 1947. Immediate cause of death Heart attack DURATION 5 daysDue to Excessive smoking DURATION 3 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

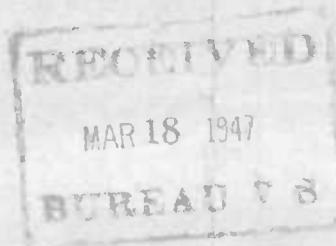
23. SIGNATURE P. H. Tamm

M. D. or other

Address Baltimore, Md. Date signed 3/6/47



1-35



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

02762

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Race St.

How long in hospital or institution?

3. (a) FULL NAME

James Dixon

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1856.

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
90 4 23 hrs. min.9. Birthplace Dorchester County, Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Richard H. Dixon

13. Birthplace Maryland

14. Maiden name Elizabeth Stewart

15. Birthplace Maryland

16. Informant Dr. Guy Steele

Address Cambridge, Maryland

17. Burial Date thereof Mar. 31, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christ Church Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 3/31/1847
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Race St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1947 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/28/47 to 3/28/47

and that I last saw him alive on 3/28/47

Immediate cause of death

Central hemorrhage
around entire brain

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

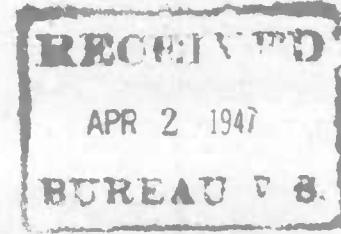
Injured at work?

23. SIGNATURE

Guy Steele

M. D. or other

Address Cambridge Md. Date signed 3/31/1847



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 943

02763

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 29 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Herbert D. Donnan

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

married

6. (b) Name of husband or wife

Lillian S. Smith

7. Birth date of deceased (mo., day, yr.)

Feb - 22 - 1883

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Dodgeham

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

John Donnan

12. Name

Wisconsin Co.

13. Birthplace

Mary Messick

14. Maiden name

Wisconsin Dg.

15. Birthplace

16. Informant

Mrs. Lillian S. Donnan

Address

Bursar

Date thereof 3-6-47
(month) (day) (year)

17. (Burial, cremation, or removal. Which?)

Dorchester Memorial Park

Cemetery or crematory

Cambridge, Md.

Location

Kenneth R. Donnan

18. Funeral director

Cambridge, Md.

Address

3-6-47 John Mace Jr. Jr.

19.

(Date rec'd by registrar)

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 307 Water St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 4 1947, at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 26 1947 to March 4 1947

and that I last saw him alive on March 4 1947

Immediate cause of death

Circulatory Collapse

DURATION

2 days

Due to Coronary Thrombosis, acute Feb 26

Due to Generalized Arteriosclerosis?

?

Other conditions Multiple Embolus

2 days

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE James C. Thompson M.D.

M. D. or other

Address Cambridge, Md.

Date signed May 1947



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1060

CERTIFICATE OF DEATH

02764

Reg. Dist. No.

116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred: Fairground Camp

How long in hospital or institution?

3. (a) FULL NAME

Mary Elizabeth Dorsey

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1946 6.(c) If alive, give age years

8. AGE: Years 0 Months 2 Days 9 If less than one day hrs. min.

9. Birthplace Cambridge, Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Leo Leary

13. Birthplace Georgia

14. Maiden name Essie Dorsey

15. Birthplace Maryland

16. Informant Leo Leary

Address Fairground Camp, Cambridge, Md.

17. Burial, cremation, or removal, etc. Date thereof 3/11/47 (month) (day) (year)

Cemetery or crematory Fairmount Cemetery

Location Major Cambridge

18. Funeral director

Address Luttrell & Luttrell

19. (Date rec'd by registrar) 3/11/47

John M. Jr. *John M. Jr.* registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. Fairground Camp

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1947 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19. to 19. and that I last saw h. alive on 19. X 19.

Immediate cause of death

Bronchitis (Acute)

DURATION

several days

Due to X

Due to X

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

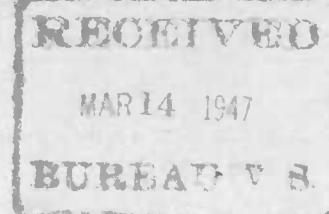
Dr. R. Shriver, D. M. D. Exam.

M. D. or other

Address Cambridge, Md.

Date signed Mar. 9/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Maranov

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02765

107

CERTIFICATE OF DEATH

Reg. Dist. No.

116

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

RFD # 2

How long in hospital or institution? -

3. (a) FULL NAME

Amanda Dunn Frazier

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife

Solomon J. Frazier

Died 11/11/1946

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 4, 1855

8. AGE:

Years

Months

Days

If less than one day

91

10

4

hrs.

min.

9. Birthplace Bucktown, Dor. Co., Maryland.

(Town, county, and state)

10. Usual occupation

-

11. Industry or business

-

MOTHER FATHER

12. Name James Dunn

MOTHER FATHER

13. Birthplace Maryland

MOTHER FATHER

14. Maiden name Not Known

MOTHER FATHER

15. Birthplace " "

16. Informant

Mr. Jesse Frazier

Address

Cambridge, Maryland.

17. Burial

Date thereof Mar. 11, 1947

(month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location East New Market, Maryland.

18. Funeral director LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

3/11

19. 47

John Macey Jr. M.D.

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD. # 2

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1947, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7, 1947, to March 8, 1947, and that I last saw h. b. alive on March 8, 1947.

Immediate cause of death

Bronch pneumonia

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

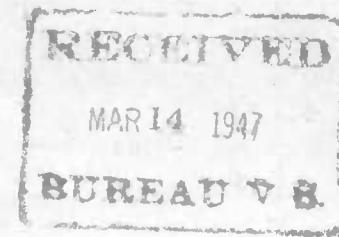
Injured at work?

23. SIGNATURE

Lawrence Maranov

M. D. or other

Address 136 Race St. Cambridge, Md. Date signed 3/10/47



1-35-



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15767

02767

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 1/2 hours

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

2 1/2 hours

3. (a) FULL NAME

Linda Audrey Henry

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife:

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

March 8 1947

8. AGE:

Years	Months	Days	If less than one day
0	0	0	2 hrs. 30 min.

9. Birthplace

Cambridge, Maryland

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

Webster Phillips House12. Name Webster Phillips House13. Birthplace Dorchester Co. Md.14. Maiden name Grace Evelyn Morris15. Birthplace Bridgeville, Del.

16. Informant

Mrs Webster HenryAddress Cambridge, Md.

17. Burial

Date thereof 3/10/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Greenlawn Cemetery

Location

Cambridge, Md.

18. Funeral director

Reynolds R. Thomas

Address

Cambridge, Md.

19. (Date rec'd by registrar)

3/10 1947John MeekRegistrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)Street No. 102 Academy St
 (If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 1947 at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 8 1947 to March 9 1947and that I last saw her alive on March 8 1947

Immediate cause of death

Congenital defectin Respiratory nervouscontrol

Due to

Due to

Other conditions Congenital hypertension 2 1/2 hoursin development of fetus

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Eldridge H. Wolff M. D. or otherAddress Cambridge 2nd St 3447 Date signed 3/10/47

RECEIVED

MAR 13 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02768

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 years

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

3. (a) FULL NAME

Emile Hilscher,

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

unknown

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

June 6-1874

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

7 7 9 24

9. Birthplace

Memphis, Tenn.

(Town, county, and state)

Laborer

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

Dorchester Co. Welfare Board

Cambridge

17. Burial

Date thereof

4-1-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial

Location

Cambridge, Md.

18. Funeral director

Address

Kenneth L. Thomas

Cambridge, Md.

19. Date rec'd by registrar

19. 47

(Date rec'd by registrar)

John Maggard

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 238 Race St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH

March 30 47 at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 28 1947 to Mar 30 1947

and that I last saw him alive on Mar 28 1947

Immediate cause of death

Cardiac failure

DURATION

210.

Due to Starvation and arteriosclerotic CVD

?

Due to

Other conditions Starvation hypostrophy

?

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

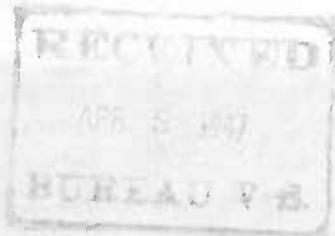
Injured at work?

23. SIGNATURE

Midwoman M.D.

M. D. or other

Address Data signed



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

02769

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH

County Dorchester

City or town Vienna

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lernew A Hatch

4. Sex

5. Color of race

6. (a) Single, married, widowed, or divorced

Male

white

single

3. (b) Social Security Number

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Sept 19 1880

8. AGE:

Years

Months

Days

If less than one day

66

6

hrs. min.

9. Birthplace

(Town, county, and state)

Syke

MEDICAL CERTIFICATION

10. Usual occupation

Banker

11. Industry or business

Bank

12. Name

Albert F. Hatch

13. Birthplace

Syke

14. Maiden name

Barrie P Hackett

15. Birthplace

Syke

16. Informant

Miss Jessie Hatch

Address

Vienna

17. Burial

Burial

Cremation, or removal. Which?

Date thereof (month) (day) (year)

May 21 1947

Cemetery

Cemetery

Location

Vienna

18. Funeral director

F. B. Wilcock & Son

Address

Burlock C

19. March 21, 1947

Elizabeth D. Beale

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ma.

County Dorchester

City or town Vienna

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

20. DATE OF DEATH

Mar 18 1947 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 9th 1947 to Mar 18 1947

and that I last saw h.m. alive on Mar 14 1947

Immediate cause of death

Oxyconary Thrombosis

Due to Chronic Myocarditis

1 yr P

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

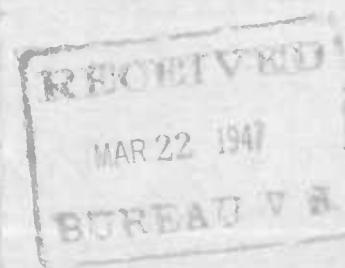
Means of injury Injured at work

23. SIGNATURE

W. L. Johnson M.D.

M. D. or other

Address Federalsburg Md. Date signed 3/21/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02770

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

Dorchester

County

Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

RFD # 3

How long in hospital or institution?

3. (a) FULL NAME

Sarah Matilda Hubbard

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife

William Dail

Robert Preston Hubbard Died Sept. 19

7. Birth date of deceased (mo., day, yr.)

July 9, 1862

8. AGE:

Years
84Months
8Days
22

It less than one day

hrs.

min.

9. Birthplace

RFD # 3, Cambridge, Maryland.

(Town, county, and state)

10. Usual occupation

-

11. Industry or business

-

MOTHER FATHER

12. Name

John Seward

MOTHER

13. Birthplace

Maryland

FATHER

14. Maiden name

Sarah Linda Bennett

MOTHER

15. Birthplace

Maryland

16. Informant

Mrs. Walter Spedden

Address

RFD # 3, Cambridge, Maryland.

17. Burial

Date thereof April 2, 1947

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Speddens Cemetery

Location

James. Dor. Co., Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

4/21

1947

(Date rec'd by registrar)

John MacCormac

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

March 31, 1947, a.m. L.A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10, 1947, to March 27, 1947

and that I last saw her alive on March 27, 1947

Immediate cause of death

Bronchopneumonia

DURATION

10 days

Due to

Due to

Bronchitis acute 1 week

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results none made

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Hugh Brown M.D.

M. D. or other

Address

Cambridge Md.

Date signed 4/1/47

RECEIVED

APR 5 1947

B. R. T. A. 10

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

02771

16

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: DorchesterCounty: CambridgeCity or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 64 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Waeter B. Johnson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MalewhiteMarried

6. (b) Name of husband or wife

Reba Fleming

7. Birth date of deceased (mo. day, yr.)

March 1 - 18736. (c) If alive, give age 59 years

8. AGE: Years

74

Months

0

Days

23

It less than one day

hrs.

min.

9. Birthplace

Goodean Hill, Md.

(Town, county, and state)

10. Usual occupation

Banker

11. Industry or business

MOTHER FATHER William T. Johnson

12. Name

Baltimore, Md.

13. Birthplace

Maria Woodland

14. Maiden name

Dos. Co.

15. Birthplace

Mrs Reba Johnson

16. Informant

Cambridge, Md

Address

BureauDate thereof 2-27-1947

(month) (day) (year)

17. Burial, cremation, or removal (which)

Christ. Church

Cemetery or crematory

Cambridge, Md.

Location

Kenneth R. Stevens

18. Funeral director

Cambridge, Md

Address

John Macay

Registrar

19. Date rec'd by registrar 3/27/1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge (If outside city or town limits, write RURAL and give nearest town)Street No. 101 Church St (If rural, give LOCATION)2.(a) If veteran, name war none

3. (b) Social Security Number

214-07-7024

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 24 1947 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

now 1947 to Mar 24 1947and that I last saw him alive on Mar 24 1947

Immediate cause of death

Cerebral hemorrhage and cardiac failure (congestion)Due to Hyper tension -
Arterio sclerotic CVD

DURATION

4 days

?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James W. Thompson M.D.

M. D. or other

Address Cambridge, Md Date signed Mar 27, 47

RECEIVED

MAR 29 1947

BORNAU & B

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02772

CERTIFICATE OF DEATH

Reg. Dist. No. 160

1. PLACE OF DEATH:

County Rochester

City or town Cambridge Md. Route 1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female Colored single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

March 19, 1947

8. AGE: Years Months Days If less than one day

3 hrs. min.

9. Birthplace Cambridge Md. Route 1
(Town, county and state)

10. Usual occupation nurse

11. Industry or business

12. Name unknown

13. Birthplace unknown

14. Maiden name Rosalie Folley

15. Birthplace Bucktown, Dor. Co. Md.

16. Informant Charles Folley

17. Burial Cambridge R. 1 Md.

Date thereof 3/22/47
(month) (day) (year)

Cemetery Cemetery

Location Cambridge Md. # 2

18. Funeral director Charles Folley

Address Cambridge Md. # 1

19. Date rec'd by registrar 3/22/47

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Rochester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1947 at 3:30 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 19, 1947 to March 21, 1947

and that I last saw her alive on March 20, 1947

Immediate cause of death

Bronchopneumonia
(Primary)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

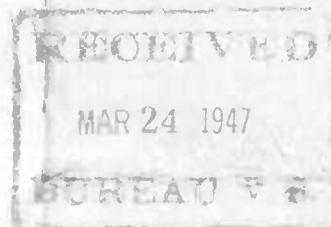
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Carroll M. & Clara M. M. D. or other

Address 3 am 22a Th Date signed 3-22-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the addition of
birthdate and age of de-
ceased shown on -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM NO. G 109 APR 21 1947 CERTIFICATE OF DEATH 469

02773

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 200 Willis St.

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Eva M. Jones

3. (b) Social Security Number

217-10-8467

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife -

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1888

8. AGE: Years	Months	Days	If less than one day
58			hrs. min.

9. Birthplace Toddville, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Shirt Factory

12. Name Willard Jones

13. Birthplace Md.

14. Maiden name Mary Todd

15. Birthplace Md.

16. Informant Mr. Willard R. Jones

Address 1808 N. Calvert St., Balti., Md.

17. Burial Date thereof April 3, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

4/21 1947 John Mace Jr. M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1947 at 4:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12, 1947 to March 31, 1947 and that I last saw him alive on March 30, 1947.

Immediate cause of death

Carcinoma head of pancreas

DURATION

unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

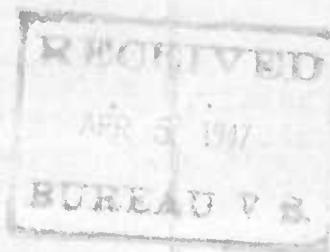
23. SIGNATURE Lawrence Mayanov

M. D. or other

Address 136 Rae St.

Date signed 3/31/47

Cambridge, Md.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02774

CERTIFICATE OF DEATH

93d
me
Reg. Dist. No. 1160

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs., 10 months, 25 days

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 8 yrs., 10 mos., 25 days

3. (a) FULL NAME

August Keiler

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

January 5, 1858

8. AGE: Years Months Days If less than one day
89 2 28 hrs. min.9. Birthplace..... Germany
(town, county, and state)

10. Usual occupation..... School teacher

11. Industry or business

12. Name..... Unknown

13. Birthplace.....

14. Maiden name..... Unknown

15. Birthplace.....

16. Informant..... Eastern Shore State Hospital Records

Address..... Cambridge, Maryland

17. Burial..... Date thereof..... 4-2-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Eastern Shore State Hospital Grounds

Location..... Cambridge, Md.

18. Funeral director..... Kenneth R. Thomas

Address..... Cambridge, Md.

19. Date rec'd by registrar..... 4/21/47 John Magruder
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....

City or town..... Baltimore City
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... March 29, 1947, at 7:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 4, 1938, to March 29, 1947,
and that I last saw h. i. m. alive on March 29, 1947.

Immediate cause of death.....

Arteriosclerotic - cardio-
vascular disease

Due to..... Senility

Due to.....

Other conditions..... Manic Depressive Psychosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Name of Injury..... Injured at work?

23. SIGNATURE..... Robert B. Gardner, M.D.

M. D. or other

Address..... Date signed.....



1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02775

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester

County

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 years

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 14 years

3. (a) FULL NAME

Thomas Laws

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Mrs. Lucy Laws

7. Birth date of deceased (mo., day, yr.) June 18, 1858

8. AGE: Years	Months	Days	less than one day
88	8	14	hrs. min.

9. Birthplace Wango, Maryland

10. Usual occupation lumberman

11. Industry or business

12. Name Tim Levi Laws

13. Birthplace Wango, Maryland

14. Maiden name Mary Ann Fooks

15. Birthplace Wango, Maryland

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/6/47 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.

Address Salisbury, Md.

19. 3-6-1947 (Date rec'd by registrar)

John Mace & Son
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1947 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5, 1947, to March 4, 1947, and that I last saw him alive on March 4, 1947.

Immediate cause of death

cerebral hemorrhage

Due to arteriosclerotic cardio vascular disease

Due to Senility

Other conditions

depressive psychosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

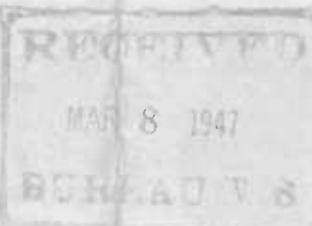
23. SIGNATURE

John Mace & Son
Grace M. Branscombe

M. D. or other

Address Cambridge, Maryland

Date signed 3-4-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02776

104-a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

119 Willis St.

How long in hospital or institution?

3. (a) FULL NAME

Gregory Allen MacSorley

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

- - -

6.(c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1947

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace Cambridge, Maryland.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Clail MacSorley

13. Birthplace Maryland

14. Maiden name Florene Byrd

15. Birthplace Sanford, Florida.

16. Informant Mr. Clail MacSorley

Address Cambridge, Maryland.

17. Burial Date thereof Mar. 15, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Mar. 15-1947 John MacSorley
(Date rec'd by registrar) Registrat

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 119 Willis St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1947, at 8: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to....., 19.....

and that I last saw h..... alive on....., 19.....

Immediate cause of death

Bronchitis Acute

DURATION

1 mth

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed Mar. 15, 1947

John H. Shriver, D.P.M. Examin

RECEIVED

MAR 19 1947

BUREAU OF LABOR

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

02777

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester

City or town Taylors Island

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

JOHN McGill.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife

X

7. Birth date of deceased (mo., day, yr.)

May 12, 1928

6.(c) If alive, give age X years

8. AGE:

Years

Months

Days

If less than one day

18

16

6

hrs.

min.

9. Birthplace

Davidson, N. C.

(Town, county, and state)

10. Usual occupation

X

11. Industry or business

X

FATHER

Myron W. McGill

MOTHER

Soddy, Tenn.

14. Maiden name

Mildred Burch

15. Birthplace

Chapel Hill, N. C.

16. Informant

J. M. Harry Bryant Co.
Charlotte, N. C.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 3/30/1947

(month) (day) (year)

Cemetery or crematory

Family

Location

Davidson, N. C.

18. Funeral director

LeCompte Funeral Service.
Cambridge, Md.

Address

19. 3/28/1947
(Date rec'd by registrar)

19.

John McGill, M.D.

Registrar

Address

M. D. or other
Date signed May 28/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State North Carolina County X

City or town Davidson.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1947, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h. alive on 19...

Immediate cause of death

Drowning

Due to

Automobile Accident

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 28/47

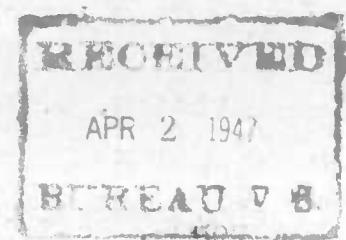
Where did injury occur Taylor's Island, Dor. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Taylor's Isl'd Bridge

Means of injury Automobile Injured at work yes

23. SIGNATURE Dr. H. Shriver, D.P.M. M.D. Cram.

M. D. or other Date signed May 28/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

02778

Reg. Dist. No. 118

1. PLACE OF DEATH:
County Dorchester
City or town nr Sharptown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 years

Hospital, Institution, or street address where death occurred:
Seaford R.F.D. #3

How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Nr. Sharptown
(If outside city or town limits, write RURAL and give nearest town)

Street No. Seaford, Delaware, R.F.D. #3
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

219-143428

3. (a) FULL NAME
Taylor Joseph Milligan

4. Sex Male 5. Race Single, married, widowed, or divorced
Married

6. (b) Name of husband or wife Frances Marine

7. Birth date of deceased (mo., day, yr.) May 4, 1910
6. (c) If alive, give age 31 years

8. AGE: Years Months Days If less than one day
36 10 22 .hrs. .min.

9. Birthplace Dorchester County, Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business X

12. Name Frank Milligan

13. Birthplace Maryland

MOTHER FATHER

14. Maiden name Sallie Taylor

15. Birthplace Maryland

16. Informant Frances M. Milligan

Address Seaford, Del. R.F.D. #3
17. Burial Date thereof March 29, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairmount Cemetery
Location Sharptown, Maryland18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland19. March 29, 1947
(Date rec'd by registrar) *J. J. Frampton* *Registrar*

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1947, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19. to X 19.

and that I last saw h. alive on X 19.

Immediate cause of death Asphyxia

Due to Hanging X

Due to X

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Mar. 26, 1947

Where did injury occur? Nr. Sharptown Dor. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in barn at home

Means of injury Hanging Injured at work? no

23. SIGNATURE *J. K. Shriver, D. M. D.* M. D. or other

Address Cambridge, Md.

Date signed Mar. 26, 1947

RECEIVED

APR 9 1947

BUREAU F B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

02779

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: Dorchester
 County Cambridge
 City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred: Cambridge
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Madison (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

3. (a) FULL NAME Baby Boy
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife None
 7. Birth date of deceased (mo., day, yr.) March 14th 1947 6. (c) If alive, give age — years
 8. AGE: Years 0 Months 0 Days 3 If less than one day 2 hrs. 0 min.
 9. Birthplace Cambridge, Maryland (Town, county, and state)
 10. Usual occupation None

11. Industry or business —
 12. Name Ottis Washington Mills
 13. Birthplace Cambridge, Maryland
 14. Maiden name Gladys Irene Holliday
 15. Birthplace Cambridge, Md.
 16. Informant Mr. Ottis W. Mills
 Address Madison, Md.

17. Burial Burial Date thereof 3-18-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Joppa Chruchyard
 Location Madison, Md.
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Md.

19. (Date rec'd by registrar) 3/17/47 19. John Maynard Registrar

2. (a) If veteran, name war —
 3. (b) Social Security Number Mills None

MEDICAL CERTIFICATION
 2D. DATE OF DEATH March 17 19 47 at 8:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 19 47 to March 17 19 47 and that I last saw him alive on March 16 19 47
 Immediate cause of death Congenital Heart Disease
 Due to —
 Due to —
 Other conditions Pneumonia (Rma 86166)
 (Include pregnancy within 3 months of death)

Major findings or operations — Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of —
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, Industry, public place (where)?
 Meane of injury — Injured at work? —
 23. SIGNATURE Eldridge H. Delford M.D. or other —
 Address Cambridge, Md. Date signed 3/18/47

RECEIVED

MAR 19 1947

BUREAU OF INVESTIGATION

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-2

02780

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County

City or town

Dorchester
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

21 Years

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Earl W. Moore

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Maude Evans

7. Birth date of deceased (mo., day, yr.)

July 17-1893

6. (c) If alive, give age years

53

8. AGE: Years Months Days If less than one day

53 8 20 hrs. min.

9. Birthplace

(Town, county, and state)

Elliott, Md.

10. Usual occupation

Grocery Store Manager

11. Industry or business

Hennaw W. Moore

MOTHER FATHER

12. Name

Hennaw W. Moore

13. Birthplace

Nor

14. Maiden name

Sarah Lovell

Nor

15. Birthplace

16. Informant

Mrs. Earl W. Moore -

Belvedere Ave

Address

Burial

Date thereof Mar. 9-1947

(month) (day) (year)

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19

47

John Macy Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 198 Belvedere

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

214-07-7700

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 7 1947 at 12:03 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 1946 to Mar. 7, 1947 and that I last saw h. m. alive on Mar. 7, 1947

Immediately cause of death

Cerebral hemorrhage

DURATION

1 day

Due to Hypertension

essential

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lawrence Maynard

M. D. or other

Address 136 Race St. Date signed March 7, 1947

RECEIVED

MAR 13 1947

BUREAU V B

1-35

Evidence for addition of
date of death shown on
Film 8909-312047-B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02781

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

325 Locust Cambridge Md. Hospital

How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 315 Locust

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Margaret Walker Neal

3. (b) Social Security Number
none

4. Sex female Color or race white 5. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Outerbridge Neal

7. Birth date of deceased (mo., day, yr.) 5/27/ 1868 6. (c) If alive, give age years

8. AGE: Years 78 Months 9 Days 5 If less than one day hrs. min.

9. Birthplace Wicomico County, Md.
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business home

12. Name Thomas Walker

13. Birthplace Md.

14. Maiden name Mary Garvenor
Md.

15. Birthplace

16. Informant Mrs. Mace Brohawn
Cambridge, Md.

Address

17. burial Date thereof 3/6.47.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn

Location Cambridge, Md.

18. Funeral director Le Compte Funeral Service
Cambridge, Md.

Address

3/6 19. 47
(Date rec'd by registrar)

John Mace Jr. M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1947 at 9:28 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death

Myocardial failure 1 week

Due to Arterio sclerotic
Cardio vascular disease?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

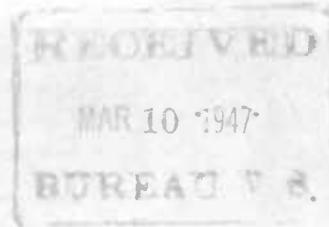
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Mace Jr. M.D.
Chambersburg, Pa. Date signed 2/15/47
M. D. or other



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

02782

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 mos. 15 ds.

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 7 mos. 15 ds.

3. (a) FULL NAME

Lorena Porter

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Artie Pprter

7. Birth date of deceased (mo., day, yr.)

Unknown

6. (c) If alive, give age years

8. AGE:

Years

80

Months

Days

If less than one day

..... hrs. min.

9. Birthplace Upper Fairmount, Somerset Cy. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own home

MOTHER FATHER

12. Name Daniel W. Miles

13. Birthplace

Fairmount Somerset Cy Maryland

14. Maiden name

Lee Hall

15. Birthplace

Kingston Md.

16. Informant

Hospital Records

Address

Cambridge, Maryland

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

31/26/47
(month) (day) (year)

Cemetery or crematory

Location

Private family

Upper Fairmount, Md.

18. Funeral director

Harry B. Miles

Address

Upper Fairmount, Md.

19. (Date rec'd by registrar)

31/24 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Somerset

City or town

Upper Fairmount

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1947 at 1.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 8 1946, to March 23 1947

and that I last saw her alive on March 22 1947

Immediate cause of death

Bronch-Pneumonia; duration, two days
cure,

DURATION

Due to

Due to

Other conditions Arteriosclerotic cardio-vascular

disease

(Include pregnancy, month, month of death)

Senile Psychosis

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert E. Gardner M.D.

M. D. or other

Address Cambridge, Md.

Date signed 3/23/47

RECEIVED

MAR 27 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

02783

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH

County

City or town

Burloek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Edward Ross

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Virginia

10. Usual occupation

Retired Merchant

11. Industry or business

Charles E. Ross

12. Name

MOTHER FATHER

13. Birthplace

Virginia

14. Maiden name

Sarah Shackett

15. Birthplace

Virginia

16. Informant

Robert Pitts

Address

Burloek

17. Burial

Date thereof (month) (day) (year)

Burial, cremation, or removal. Which?

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

March 23, 1947

(Date rec'd by registrar)

March 23, 1947

Charles Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Burloek

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 21, 1947, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 46, to March 21, 1947, and that I last saw him alive on March 21, 1947.

Immediate cause of death

Cronic Myocardial Degeneration

Due to

General Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

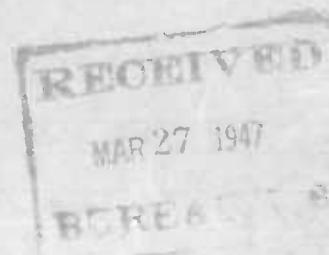
Injured at work?

23. SIGNATURE

W. Harrison MD

M. D. or other

Address 1 Burloek Blvd Date signed 3/22/47



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02784

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
Dorchester
County
City or town... Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 Years
Hospital, institution, or street address where death occurred:
RFD # 3
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County Dorchester
City or town... Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No... RFD # 3
(If rural, give LOCATION)
2.(a) If veteran, name war: -

3. (a) FULL NAME
Florence May Schneck

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Louis Schneck
6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1881

8. AGE: Years	Months	Days	If less than one day
66	2	1	hrs. min.

9. Birthplace Castleton, Ontario, Canada.
(Town, county, and state)

10. Usual occupation. -

11. Industry or business. -

12. Name Daniel Bradd

13. Birthplace Ontario, Canada

14. Maiden name Jane Graham

15. Birthplace Not Known

16. Informant Mr. Louis Schneck

Address RFD # 3, Cambridge, Maryland.

17. Burial Date thereof Mar. 11, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 3/11 1947 John Macle Jr. M.D.
(Date rec'd by registrar) Registrar

3. (b) Social Security Number -

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1947 at 9:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/14 1946 to 3/7 1947

and that I last saw her alive on 3-7 1947

Immediate cause of death Acute Coronary Occlusion

Due to Hypertensive cardiovascular disease

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. - Date of -

Where did injury occur? - (City or town) (County) (State)

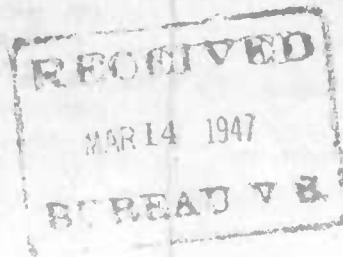
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hugh Brown M.D.

M. D. or other

Address Cambridge Date signed 3/10/47



1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

02785

CERTIFICATE OF DEATH

Reg. Dist. No. 716

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge - rural near

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 1 mon 4 ds

Hospital, institution, or street address where death occurred:

..... Eastern Shore State Hospital

How long in hospital or institution?..... 1 mon 4 ds

3. (a) FULL NAME

Bertha Seward

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced
Female White Married

6. (b) Name of husband or wife..... Hamilton Seward

7. Birth date of deceased (mo., day, yr.)..... 6. (c) If alive, give age..... 75 years
October 3 18748. AGE: Years Months Days If less than one day
72 72 5 20 hrs. min.9. Birthplace..... Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Own home

MOTHER FATHER 12. Name..... Wilson

13. Birthplace..... Unknown

14. Maiden name..... Unknown

15. Birthplace..... "

16. Informant..... Hospital Recrds

Address..... Cambridge, Maryland

17. Burial..... Date thereof Mar. 25, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Speddens Cemetery

Location..... James, Dor. Co., Maryland

18. Funeral director..... LeCompte's Funeral Service

Address..... Cambridge, Maryland.

19. 3/25/1947
(Date rec'd by registrar)John Maca J. M. A.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Rural near Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number
none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 23 1947 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 19 1947 to March 23 1947
and that I last saw her alive on March 23 1947

Immediate cause of death.....

Carcinoma of head of pancreas

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did Injury occur?..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of Injury.....

Injured at work?

23. SIGNATURE.....

Address..... Cambridge, Md.

M. D. or other

Date sign 3/23/47

RECEIVED

MAR 27 1947

RECEIVED

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

02786

CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

46 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:
205 Choptank Ave.

How long in hospital or institution?

3. (a) FULL NAME

Irene Elizabeth Leonard Slacum

3. (b) Social Security Number

none

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female

white

married

6. (b) Name of husband or wife

Walter Slacum

7. Birth date of deceased (mo., day, yr.)

March 23, 1876

6. (c) If alive, give age

73

years

8. AGE:

Years
71Months
0Days
1

If less than one day

hrs. min.

9. Birthplace James Island, Dorchester, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

home

MOTHER FATHER

12. Name Levi B. Leonard

Md.

13. Birthplace Md.

Md.

14. Maiden name Lucy C. Shenton

Md.

15. Birthplace

J. Thomas Leonard

Cambridge, Maryland.

16. Informant

burial

Date thereof 3/26/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Cambridge

Cambridge, Md.

Location

18. Funeral director Le Compte Funeral Service

Cambridge, Md.

Address

19. Date rec'd by registrar

19 47

3/1/47

John Mace

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 205 Choptank Ave.

(if rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 24 1947 at 8AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

19

Immediate cause of death

Cerebral hemorrhage

1 day

Due to Hypertension

10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Cambridge, Md.

Date signed

RECEIVED

MAR 27 1947

BUREAU F B I

1 - 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 90

02787

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

1 year 5 mos. 26 ds

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?..... 1 year 5 mos. 26 ds

3. (a) FULL NAME

Laura Smith

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife..... Alfred Smith

6.(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.)

November 15 1873

8. AGE: Years Months Days If less than one day

73 3 21 hrs. min.

9. Birthplace..... Caroline County Maryland

(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Own home

12. Name..... John Spence

13. Birthplace..... unknown

14. Maiden name..... Anne Baker

15. Birthplace..... unknown

16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial, cremation, or removal (Which?) Date thereof 3-10-47

(month) (day) (year)

Cemetery or crematory..... Cambridge Cemetery

Location..... Cambridge

18. Funeral director..... F. Virgil Moore & Son

Address..... Cambridge Md

19. Date rec'd by registrar..... 3/10 1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Greensboror

(If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... ✓

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 8 1947 at 1.10 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 9 1947 to March 8 1947 and that I last saw her alive on March 7 1947

Immediate cause of death.....

Cerebral and General Arteriosclerosis

DURATION

Due to.....

Due to.....

Other conditions..... Senile Psychosis

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

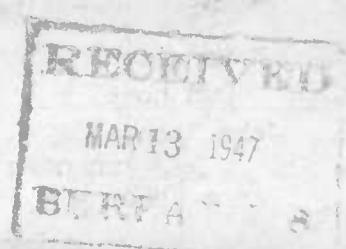
Injured at work?

23. SIGNATURE.....

Grace M. Branscombe

M. D. or other

Address..... Date signed..... 3.8.47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

134

02788

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Two Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

RFD # 3

How long in hospital or institution?

3. (a) FULL NAME

Laura Jane Tolson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife William J. Tolson

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1858

8. AGE:

Years

Months

Days

If less than one day

88

9

23

hrs.

min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George W. Rollins

13. Birthplace Maryland

14. Maiden name Eliza Harrod

15. Birthplace Maryland

16. Informant Mrs. George Bennett

Address Cambridge, RFD # 3, Maryland

17. Burial

Date thereof Mar. 27, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Speddens Cemetery

Location James, Dor. Co., Maryland

18. Funeral director L E Compte's Funeral Service

Address Cambridge, Maryland.

19. 3/29/1947

(Date rec'd by registrar)

John Mau Jr. M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1947, 11:45 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from March 5, 1947, to March 25, 1947,

and that I last saw h. E. R. alive on March 24, 1947.

Immediate cause of death

Myocardial Failure

DURATION

5 days

Due to Cystovascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

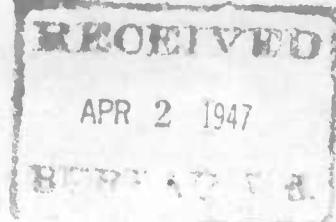
Means of injury

Injured at work?

23. SIGNATURE

John Mau Jr. M.D. Date signed 3/26/1947

M. D. or other



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 142

02789

Reg. Dist. No.

116

CERTIFICATE OF DEATH

1. PLACE OF DEATH: **Dorchester**
County.....

City or town..... **Cambridge**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **0**

Hospital, Institution, or street address where death occurred:
101 Washington St.

How long in hospital or Institution? **X**

3. (a) FULL NAME **William Vincent**

4. Sex **male** 5. Color or race **colored** 6. (a) Single, married, widowed, or divorced **single**

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **about 1877**

8. AGE: Years **about 70** Months **X** Days **X** If less than one day
hrs. min.

8. Birthplace..... **Georgia**
(Town, county, and state)

10. Usual occupation..... **Laborer**

11. Industry or business **Farm**

12. Name..... **unknown** **X**

13. Birthplace..... **unknown**

14. Maiden name..... **unknown**

15. Birthplace..... **X**

16. Informant **Otis Green**

Address **101 Washington St. - Cambridge.**

17. **Burial** (Burial, cremation, or removal, which?) Date thereof **3/28/47**
(month) (day) (year)

Cemetery or crematory **Silent City**

Location **Cambridge, Md.**

18. Funeral director **Levitt & Payson**

Address **Cambridge, Md.**

19. **3/24/47** 19 **47** (Date rec'd by registrar) **John Macrae** Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County **Dorchester**

City or town **Cambridge** (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No. **R.F.D. #3**
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH **March 22 1947** about 8P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19..... to **X** 19.....

and that I last saw him **alive** on **X** 19.....

Immediate cause of death **Disease of Coronary Arteries**

DURATION **X**

Due to **X**

Due to **X**

Other conditions **X**

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results **X**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE **John K. Shriver, D.C. Med. Exam.**

M. D. or other

Address **Cambridge, Md.** Date signed **Mar. 23/47**

RECEIVED

MAR 29 1947

B-35-A 3

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

02790

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Cambridge
 City or town Rhodesdale (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Josephine Walker
 4. Sex Color or race 6. (a) Single, married, widowed, or divorced
 F Colored married

6. (b) Name of husband or wife Thomas Walker7. Birth date of deceased (mo., day, yr.) 40 years 8 months 1900 6. (c) If alive, give age years

8. AGE: Years 46 Months 8 Days If less than one day
 hrs. min.

9. Birthplace Wicomico County, Md.
 (Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Abe Bird13. Birthplace Wicomico County, Md.14. Maiden name Carrie Bird15. Birthplace Wicomico County, Md.

16. Informant

Address

17. Burial Date thereof 3/28/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bethel CemeteryLocation Cambridge, Md.18. Funeral director Lewis A. HaynesAddress Cambridge, Md.19. 3/29/47 1947
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1947 at 10P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 21 1947 to Mar 22 1947 and that I last saw her alive on Mar 22 1947.

Immediate cause of death

Coronary Occlusion DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

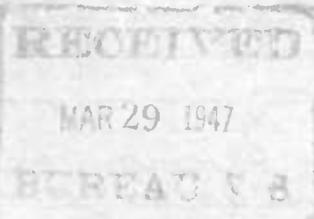
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

H. S. Tuckerman M. D. or other
 Address Chapman and 3/28/47 Date signed



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

02791

CERTIFICATE OF DEATH

Reg. Dist. No. 1166

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 62 Years

Hospital, institution, or street address where death occurred:

RFD # 3

How long in hospital or institution? -

3. (a) FULL NAME

Leon Alexander Warrington

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife Eva Wheatley

7. Birth date of deceased (mo., day, yr.)

May 10, 1889

6. (c) If alive, give age 53 years

8. AGE:

Years 57

Months 2

Days 10

If less than one day

hrs. min.

9. Birthplace Royal Oak, Maryland.

(Town, county, and state)

10. Usual occupation Farmer-Merchant

11. Industry or business Dirt-Mercantile

12. Name Franklin L. Warrington

13. Birthplace Maryland

14. Maiden name Jennie Mowbray

15. Birthplace Maryland

16. Informant Mrs. Leon Warrington

Address RFD # 3, Cambridge, Maryland.

17. Burial

Date thereof Mar. 14, 1947
(month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 3/14/1947

(Date rec'd by registrar)

John Max Jr. M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1947 at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 3 1946 to 3/13 1947

and that I last saw him alive on 3/13 1947

Immediate cause of death Cerebral Apoplexy

DURATION

Due to... Idiopathic Hypertension

Due to...

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

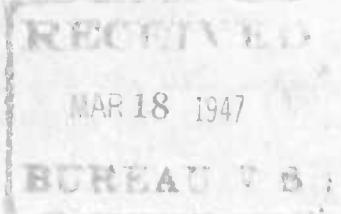
Means of injury -

Injured at work?

23. SIGNATURE Hugh Brown M.D.

M. D. or other

Address Cambridge MD Date signed 3/13/47



1-35

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MAR 29 1947

BUREAU V.B.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

02793

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County

Dorchester
Cambridge

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 504

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Wilson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

widow

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

7 7 1865

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

82

7

7

hrs.

min.

9. Birthplace

Dorchester Co Md

(Town, county, and state)

10. Usual occupation

labor

11. Industry or business

FATHER

Unknown

MOTHER

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Daisy Saunders

Address

13 Park Lane Cambridge

Burial

Cremation

Removal

Which?

Date thereof 11/18/12 '47

(month)

(day)

(year)

Cemetery or crematory

Location

Cambridge Md

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Park Lane

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 10 1947 at 4:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 20 1947 to March 10 1947

and that I last saw h. alive on March 8 1947

Immediate cause of death

Central Arteriosclerosis

Due to Sen Hypertension

DURATION

18 days

18 mos

Other conditions

Blindness

Ch. Mysentitis

15 yrs

2 yrs

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carroll M. & Clair, M.D. or other

Address

Pens + Cedar Sts

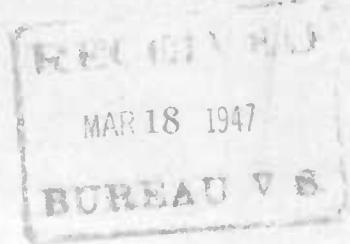
Date signed 4-13-47

Date rec'd by registrar

John D. Pace, J. M.D.

Registrar

Date signed



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B.P.A.)

CERTIFICATE OF DEATH

Reg. Dist. No. 112169

1. PLACE OF DEATH:

Dorchester

County

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo.

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 1 mo.

3. (a) FULL NAME

Martin M. Wright

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

widowed

6. (b) Name of husband or wife Mary Rebecca Williams

7. Birth date of deceased (mo., day, yr.)

December 19, 1869

6. (c) If alive, give age years

8. AGE: Years Months Days It less than one day
77 2 14 hrs. min.9. Birthplace Caroline County
(Town, county, and state)

10. Usual occupation storekeeper

11. Industry or business

12. Name Tabin Wright

13. Birthplace Caroline Co.

14. Maiden name Unknown
15. Birthplace

16. Informant Eastern Shore State Hospital records

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Spring Hill Date thereof March 7, 1947
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

VS A15 9-45-15M

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 19 47, 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 3 19 47, to March 4 19 47

and that I last saw h. i.m. alive on March 4 19 47

Immediate cause of death

Uremia

DURATION

Due to Arteriosclerotic
cardiorenal disease

Due to senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Grace M. Branscombe
Address Cambridge, Maryland

M. D. or other

Date signed 3-4-47

RECEIVED

MAR 13 1947

BUREAU OF

2-35